

MedMutual Advantage Plans

Our Medicare Advantage plans will give you everything you need, including hospital, medical, prescription drug coverage, along with SilverSneakers® and other wellness benefits, all in the same plan. You will have access to quality healthcare providers and care when you choose Medical Mutual.

All plans include:

- \$0 medical deductibles
- Dental and vision coverage with options for extra coverage
- SilverSneakers® fitness membership

Our plans also include \$0 benefit options such as:

- \$0 premiums
- \$0 primary care copays
- \$0 vision, dental and hearing exam copays
- \$0 preferred generic drug copays
- Low prescription drug deductibles
- Over-the-counter medical supplies delivered to your home at no additional cost to you (Not included in the MedMutual Advantage HMO Classic plan)

Medical Mutual is a trusted source for health insurance with more than 80 years of experience serving Ohioans. We offer high-quality, affordable insurance plans and take pride in serving our members with outstanding customer service.

Comparing Your Options

MedMutual Advantage plans go beyond Original Medicare

	Coverage Details	Original Medicare (Parts A and B)
1	Monthly Premium	Part A Most people do not have to pay for Part A
		Part B \$135.50 (2019 amount) Paid to the U.S. government (Those with higher income may pay more)
2	Deductible	Part A \$1,364 (2019 amount) Each deductible period (Multiple hospitalizations could result in multiple deductible periods)
		Part B \$185 (2019 amount) Each year
3	Hospital Coverage	Yes (Part A only)
4	Medical Coverage	Yes (Part B only)
5	Office Visit Copay (PCP/Specialist)	You pay 20% coinsurance
6	Prescription Drug Coverage	No
7	Prescription Drug Copay	
	Tier 1: Preferred Generic (Preferred/Standard)	No prescription drug coverage
8	Tier 2: Generic (Preferred/Standard)	No prescription drug coverage
9	Tier 3: Preferred Brand (Preferred/Standard)	No prescription drug coverage
10	Tier 4: Non-Preferred Drug (Preferred/Standard)	No prescription drug coverage
11	Tier 5: Specialty (Preferred/Standard)	No prescription drug coverage
12	Prescription Drug Deductible	No prescription drug coverage
13	Out-of-Network Coverage*	Yes
14	Annual Maximum Out-of-Pocket	No limit on what you may pay
15	Preventive Dental Benefits (DenteMax Network)	No
16	Preventive Vision Benefits (EyeMed Network)	No
17	Hearing Aid Benefits (TruHearing Network)	No

^{*}HMO plans do not have out-of-network coverage.

	MedMutual Advantage Classic HMO	MedMutual Advantage Secure HMO	MedMutual Advantage Choice HMO	MedMutual Advantage Plus HMO
1	\$0 You must continue to pay your Part B premium	\$15 You must continue to pay your Part B premium	\$38 You must continue to pay your Part B premium	\$99 You must continue to pay your Part B premium
2	\$0 Each year	\$0 Each year	\$0 Each year	\$0 Each year
3	Yes	Yes	Yes	Yes
4	Yes	Yes	Yes	Yes
5	\$5/\$35 Copay	\$0/\$30 Copay	\$0/\$40 Copay	\$0/\$25 Copay
6	Yes	Yes	Yes	Yes
7	\$0/\$8 Copay	\$0/\$8 Copay	\$0/\$6 Copay	\$0/\$6 Copay
8	\$15/\$20 Copay	\$15/\$20 Copay	\$10/\$15 Copay	\$10/\$15 Copay
9	\$42/\$47 Copay	\$42/\$47 Copay	\$42/\$47 Copay	\$42/\$47 Copay
10	50%/50% Coinsurance	50%/50% Coinsurance	50%/50% Coinsurance	50%/50% Coinsurance
11	31%/31% Coinsurance	31%/31% Coinsurance	32%/32% Coinsurance	32%/32% Coinsurance
12	\$95	\$95	\$55	\$55
13	No	No	No	No
14	\$4,300	\$3,700	\$3,950	\$3,400
15	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
16	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
17	\$699/\$999 Hearing aid copay	\$699/\$999 Hearing aid copay	\$699/\$999 Hearing aid copay	\$699/\$999 Hearing aid copay

See the MedMutual Advantage Summary of Benefits or visit MedMutual.com/SB for more details.

Comparing Your Options

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		(Parts A and B)
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		Part B \$185 (2019 amount) Each year
3	Hospital Coverage	Yes (Part A only)
4	Medical Coverage	Yes (Part B only)
5	Office Visit Copay (PCP/Specialist)	You pay 20% coinsurance
6	Prescription Drug Coverage	No
7	Prescription Drug Copay	
	Tier 1: Preferred Generic (Preferred/Standard)	No prescription drug coverage
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11	Tier 5: Specialty (Preferred/Standard)	No prescription drug coverage
12	Prescription Drug Deductible	No prescription drug coverage
13	Out-of-Network Coverage	Yes
14	Annual Maximum Out-of-Pocket	No limit on what you may pay
15	Preventive Dental Benefits (DenteMax Network)	No
16	Preventive Vision Benefits (EyeMed Network)	No
17	Hearing Aid Benefits (TruHearing Network)	No

	MedMutual Advantage Select PPO	MedMutual Advantage Preferred PPO	MedMutual Advantage Premium PPO
1	\$38 You must continue to pay your Part B premium	\$74 You must continue to pay your Part B premium	\$124 You must continue to pay your Part B premium
2	\$0 Each year (in network)	\$0 Each year (in network)	\$0 Each year (in network)
3	Yes	Yes	Yes
4	Yes	Yes	Yes
5	\$10/\$45 Copay	\$5/\$40 Copay	\$0/\$30 Copay
6	Yes	Yes	Yes
7			
	\$0/\$8 Copay	\$0/\$6 Copay	\$0/\$6 Copay
8	\$15/\$20 Copay	\$10/\$15 Copay	\$10/\$15 Copay
9	\$42/\$47 Copay	\$42/\$47 Copay	\$42/\$47 Copay
10	50%/50% Coinsurance	50%/50% Coinsurance	50%/50% Coinsurance
11	31%/31% Coinsurance	32%/32% Coinsurance	32%/32% Coinsurance
12	\$95	\$55	\$55
13	Yes	Yes	Yes
14	\$5,900 (in network)	\$5,700 (in network)	\$3,400 (in network)
15	\$0 Copay	\$0 Copay	\$0 Copay
16	\$0 Copay	\$0 Copay	\$0 Copay
17	\$699/\$999 Hearing aid copay	\$699/\$999 Hearing aid copay	\$699/\$999 Hearing aid copay

Dental, Vision and Hearing Benefits

MedMutual Advantage plans include preventive dental (DenteMax), vision (EyeMed) and hearing (TruHearing) exams with a \$0 copay.

Basic coverage

Our MedMutual Advantage Classic HMO, Secure HMO, Choice HMO, Plus HMO, Select PPO and Preferred PPO plans include basic dental, vision and hearing benefits.

Extra coverage

You can choose to buy extra dental and vision coverage with our MedMutual Advantage Optional Supplemental Benefits package. If you enroll in the MedMutual Advantage Premium PPO plan, this extra coverage is included in your plan at no additional cost.

Basic Coverage	Dental Exam	Dental Cleaning	Dental X-ray	Vision Exam	Eyewear Allowance	Hearing Exam	Hearing Aid Copay ²
Classic HMO	One ¹	One ¹	One ¹	One ¹	\$100	One ¹	\$699/\$999
Secure HMO	One ¹	One ¹	One ¹	One ¹	\$100	One ¹	\$699/\$999
Choice HMO	One ¹	One ¹	One ¹	One ¹	\$100	One ¹	\$699/\$999
Plus HMO	One ¹	One ¹	One ¹	One ¹	\$100	One ¹	\$699/\$999
Select PPO	One ¹	One ¹	One ¹	One ¹	\$100	One ¹	\$699/\$999
Preferred PPO	One ¹	One ¹	One ¹	One ¹	\$100	One ¹	\$699/\$999
Extra Coverage							
Premium PPO	Two with¹ \$0 copays	Two ¹	One ¹	One with ¹ \$0 copay	\$250	One ¹	\$699/\$999

¹ Benefit allowance per year

² Advanced/premium hearing benefit

Optional Supplemental Benefits

Medical Mutual's Optional Supplemental Benefits package provides enhanced dental and vision coverage for MedMutual Advantage members. Adding these benefits to your plan enhances the basic dental and vision coverage included in MedMutual Advantage plans. The cost to add this benefit to your MedMutual Advantage plan is \$22 per month in addition to your Medicare Part B and plan premium. If you enroll in the MedMutual Advantage Premium PPO plan, this extra coverage is included in your plan.

Dental benefit

Up to \$1,000 per calendar year through the DenteMax network for the covered dental services listed below:

Dental Benefit Services Include	Member Pays
One routine dental exam per calendar year including one routine cleaning per calendar year	\$0 of covered charges
Two diagnostic X-rays per calendar year	30% of covered charges
One restorative service (filling)	30% of covered charges
One non-surgical extraction	30% of covered charges
One crown every five years per tooth	30% of covered charges
One denture repair, reline or adjustment per calendar year	30% of covered charges
One visit for an endodontic (root canal) service per calendar year	50% of covered charges
One visit for a periodontic (treatment of gums) service per calendar year	50% of covered charges

Vision benefit

\$150 allowance toward the purchase of approved eyewear through the EyeMed network. Any cost you pay for routine eye examinations, eyeglasses or contact lenses will not count toward your maximum medical out-of-pocket amount.

Vision Benefit Services Include	Member Pays
Covered routine vision services: \$\bigs\\$ \$150 toward the purchase and fitting of either one pair of eyeglasses or contact lenses per calendar year (in network)	\$0 Copayment

Optional Supplemental Benefits

When to enroll in Optional Supplemental Benefits

- At the time of enrollment in our plan (optional benefits will be effective the same date as other benefits)
- Within 30 days of the effective date with our plan (optional benefits will be effective the first of the month following the selection)

Important: Please talk to your provider to confirm your coverage and costs prior to receiving services. Coverage for dental and vision benefits are available only through in-network providers.

Health and Wellness Programs

MedMutual Advantage plans include fitness programs and discounts so you can stay active and healthy.

WW® (formerly Weight Watchers)

When you participate in the WW program through Medical Mutual, you'll receive reduced member fees that can save you almost 50 percent off the cost of a standard membership. Achieving and maintaining a healthy weight can reduce your risk of chronic diseases, increase your energy and improve your quality of life. Program options include:

- Digital
- Digital+Studio
- WW for Diabetes Program

SilverSneakers Fitness Program

SilverSneakers is a program for healthy living, giving you access to more than 16,000 fitness centers across the country. You can use as many facilities as often as you like. The program also includes cardio, yoga, and other fitness classes, access to pools, health education and walking groups.

Programs at \$0 Extra Cost to You

When you choose a MedMutual Advantage plan, you get access to programs and services designed to help improve your health at no extra cost to you.

Simply Supplies from Medical Mutual

(Not included with the MedMutual Advantage Classic HMO plan)

Get up to a \$20 credit each quarter in over-the-counter medical supplies delivered to your home at no cost to you. Choose from a wide range of supplies including bandages, aspirin, cough medicine and much more. Members of the MedMutual Advantage Plus HMO and Premium PPO plan get a \$20 credit per month in supplies.

Home Meals Program

Members who have returned home from an inpatient hospital stay are eligible for our Home Meals program. This program delivers two meals a day for seven days directly to you while you recover at home.

Disease Management Program

Our Disease Management program is designed to help you stay healthy, manage your chronic conditions and maintain your independence. A trained health coach works with you to develop a personalized plan that supplements the care you get from your doctor.

24-Hour Nurse Line

Get answers to your health questions from a clinical expert. Call 24 hours a day, seven days a week.

QuitLine (Tobacco Quit Line)

A trained coach will work with you on a quit plan and provide one-on-one support. You can call as many times as you need for additional support.



Five Items to Consider before Selecting and Enrolling in a Plan

1. Decide between an HMO or PPO plan

With HMO plans, you must get services from in-network healthcare providers. If you do not use in-network providers, those services will not be covered, and you will be required to pay all costs. Exceptions include emergency care, out-of-area urgent care or out-of-area dialysis.

With PPO plans, it is recommended to use in-network providers to get the maximum benefit, but you have the flexibility to receive services from providers that are not in the plan's network. Services from out-of-network providers will usually be covered at a lower amount, requiring you to pay higher out-of-pocket costs.

2. Choose network providers

Check to see if your doctor is in our MedMutual Advantage HMO or PPO network. If your doctor is not, you can choose from one of the many quality in-network providers. Go to MedMutual.com/Medicare and click on Find a Provider. You can also use the Find a Provider tool to locate in-network vision and dental providers.



3. Choose a primary care provider

Select a primary care provider (PCP) and include their information on your enrollment application. A PCP:

- Knows your health history and can help improve or maintain your quality of life
- Helps you coordinate your care with any specialists you need to see
- Helps address health concerns before they become health issues
- Gives you advice about health issues based on your own health history

4. Review your covered medications

An important part of your plan is your prescription drug coverage. To make sure your prescription drugs are on our Formulary, visit MedMutual.com/MedicareFormulary.

5. Locate network pharmacies

Whether you prefer to pick up your prescriptions or have them mailed to you, we have a large selection of preferred and standard in-network pharmacies. By filling your prescriptions at a preferred pharmacy, you can pay less for your drugs. Go to MedMutual.com/MedicarePharmacy to find in-network pharmacies. For your convenience, you can also choose to have prescriptions mailed directly to your home by Express Scripts.

How to Enroll

Enrollment options

There are several ways you can enroll in a MedMutual Advantage plan.

Phone

Call us at 1-866-406-8777 (TTY: 711 for hearing impaired). Our licensed insurance agents can answer your questions and help you enroll.

- From October 1 through March 31 (except Thanksgiving and Christmas): 7 days a week, 8 a.m. to 8 p.m.
- From April 1 through September 30 (except holidays): Monday through Friday, 8 a.m. to 8 p.m.

Online

Go to MedMutual.com/Medicare. You can compare plans and enroll through our safe and secure online application. Medicare beneficiaries may also enroll in MedMutual Advantage plans through the Medicare Online Enrollment Center at Medicare.gov.

In-Person Consultation

Call 1-866-406-8777 (TTY: 711) to ask for an in-person consultation with one of our licensed and certified agents.

Mail

Fill out the enrollment application in this booklet and mail to:

Medical Mutual

P.O. Box 94563

Cleveland, OH 44101

If you are submitting your Enrollment Application during the Annual Enrollment Period, it must be postmarked by December 7, 2019, to ensure your application is considered.

Additional help

Call us at 1-866-406-8777 (TTY: 711 for hearing impaired), and we can answer your questions and help you enroll. We can also:

- Further explain plan options and benefits
- Help you find a healthcare provider
- Review covered medications

You can always visit our website for more information at MedMutual.com/Medicare.



After You Enroll

Here's what you can expect

After we receive your signed enrollment application, here's what you can expect:

- We will review your information and confirm with the Centers for Medicare & Medicaid Services that you qualify for Medicare.
- Once your application is approved, we will send you a letter within 10 days to confirm you are a Medical Mutual member. If you do not receive your letter before your coverage is scheduled to begin, call us at 1-800-982-3117 (TTY: 711).
- We will also send you the following:
 - Your Member ID CardFormulary Notice
 - Evidence of Coverage Notice Mail-order Prescription Form
 - Member Kit

In case your member ID card does not arrive before you fill or refill a prescription, you can provide the following details to your pharmacy:

Rx Bin: 003858

Rx Group: MMOMDRX

Rx PCN: MD

MedMutual Advantage are HMO and PPO plans offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in a MedMutual Advantage plan depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Medical Mutual members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Please Note: Our Nurse Line is not intended to replace the medical care or advice you receive from your doctor. If you have a medical emergency, you should always seek treatment at the nearest medical facility or call 911.

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WW is a registered trademark of WW International.

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